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CONFIRMATION NO. 4057

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APPLICANTS

Jeffrey E. Stahmann, Ramsey, MN;
 John D. Hatlestad, Maplewood, MN;
 Quan Ni, Shoreview, MN;
 Jesse Hartley, Lino Lakes, MN;
 Douglas R. Daum, Oakdale, MN;
 Kent Lee, Fridley, MN;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MN	17	97	7

ADDRESS

HOLLINGSWORTH & FUNK, LLC
 8009 34TH AVE S.
 SUITE 125
 MINNEAPOLIS, MN 55425
 UNITED STATES

TITLE

Adaptive therapy for disordered breathing

FILING FEE RECEIVED 2630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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